

APPLICATION TO  
**TRANSFER ARIZONA RECIPROCAL TEACHING, RECIPROCAL SUPERVISOR,  
RECIPROCAL PRINCIPAL, RECIPROCAL SUPERINTENDENT CERTIFICATE**  
ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT



*This form is for applicants who currently hold an Arizona Reciprocal Teaching or Administrative certificate.*

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367

**GENERAL INSTRUCTIONS AND INFORMATION:** Please submit the following:

- A. A completed application and the appropriate fee in a money order, cashier's check or personal check **ONLY** for each certificate to be transferred, made payable to the Arizona Department of Education (ADE). Fees are not refundable. **Cash will not be accepted.**
- B. A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (**IVP**) fingerprint card (plastic).
- C. **For teaching certificates submit:** Passing score report(s) for required AEPA or NES exams **OR** appropriate documentation to qualify for exam waiver(s). **Please see your Reciprocal Teaching certificate evaluation for exam requirement(s) that must be satisfied to transfer your certificate.** If documentation to satisfy exam requirements was previously submitted and approved it is not necessary to re-submit this documentation.
- D. **For administrative certificates submit:** (1) Passing score report(s) on the appropriate AEPA exam **OR** appropriate documentation to qualify for an exam waiver; **AND** (2) Official transcripts documenting school law and school finance coursework. **Please see your Reciprocal Administrative certificate evaluation for exam and/or coursework requirement(s) that must be satisfied to transfer your certificate.** If documentation to satisfy exam and/or coursework requirements was previously submitted and approved it is not necessary to re-submit this documentation.
- E. **Structured English Immersion (SEI) Endorsement.** Applicants must currently hold, or qualify for and apply to add, a valid Provisional or full SEI endorsement, or a full ESL or full Bilingual endorsement. Submit official transcript(s) or certificate(s) of training documenting completion of State Board approved SEI endorsement training. Individuals who hold an Arizona Full ESL or Full Bilingual endorsement are exempt from the SEI endorsement requirement.

Are you applying for a Provisional SEI or Full SEI endorsement? YES NO

If **YES**, please check one of the following:

Provisional SEI Endorsement .....\$60    Full SEI Endorsement .....\$60

**SECTION 1: PERSONAL INFORMATION: (TYPE OR PRINT IN BLUE OR BLACK INK)**

**Social Security Number:** \_\_\_\_\_  
(For identification purposes only)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** M / F

**Full Legal Name:** \_\_\_\_\_  
Last First Middle

**Mailing Address:** \_\_\_\_\_  
Street Number or P.O. Box City State Zip

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
(Home) (Home)

**Ethnicity:** Asian or Pacific Islander Black or African-American (Not-Hispanic) Hispanic or Latino  
White (Not-Hispanic) American Indian or Alaskan Native Other  
(Gender and Ethnicity are requested for federal reporting purposes only)

**SECTION 2: CERTIFICATION TYPE AND FEES**

**I would like to transfer my Reciprocal Certificate(s): (\$60 each)**

ARTS EDUCATION EARLY CHILDHOOD ELEMENTARY SECONDARY - APPROVED AREA  
SPEC ED EARLY CHILDHOOD SPEC ED EMOTIONAL DISABILITY SPEC ED CROSS CATEGORICAL  
SPEC ED HEARING IMPAIRED SPEC ED LEARNING DISABILITY SPEC ED INTELLECTUAL DISABILITY  
SPEC ED ORTHOPEDIC/HEALTH IMPAIRMENT SPEC ED SEVERELY AND PROFOUNDLY DISABLED SPEC ED VISUALLY IMPAIRED  
PRINCIPAL SUPERINTENDENT SUPERVISOR

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**SECTION 3: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE**

**ATTENTION:** If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. YES\_\_ NO\_\_ Have you ever had any professional certificate or license, revoked or suspended?
2. YES\_\_ NO\_\_ Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. YES\_\_ NO\_\_ Have you ever been convicted of any felony offense?
4. YES\_\_ NO\_\_ **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

YES__ NO__ a Second-degree murder	YES__ NO__ n Continuous sexual abuse of a child
YES__ NO__ b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age	YES__ NO__ o Attempted first-degree murder
YES__ NO__ c Sexual assault	YES__ NO__ p Any other dangerous crime against children as defined in section 13-604.01
YES__ NO__ d Molestation of a child	YES__ NO__ q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001
YES__ NO__ e Sexual conduct with a minor	YES__ NO__ r Any offense causing you to register as a sex offender
YES__ NO__ f Commercial sexual exploitation of a minor	YES__ NO__ s First-degree murder
YES__ NO__ g Sexual exploitation of a minor	YES__ NO__ t Armed Robbery
YES__ NO__ h Child abuse	YES__ NO__ u Incest
YES__ NO__ i Kidnapping	YES__ NO__ v Exploitation of minors involving drug offenses
YES__ NO__ j Sexual abuse of a minor	YES__ NO__ w Sexual abuse of a vulnerable adult
YES__ NO__ k Taking a child for the purpose of prostitution as prescribed in section 13-3206	YES__ NO__ x Sexual exploitation of a vulnerable adult
YES__ NO__ l Child prostitution as prescribed in section 13-3212	YES__ NO__ y Commercial sexual exploitation of a vulnerable adult
YES__ NO__ m Involving or using minors in drug offenses	YES__ NO__ z Abuse of a vulnerable adult
	YES__ NO__ aa Molestation of a vulnerable adult
	YES__ NO__ bb Neglect of a vulnerable adult

I UNDERSTAND THAT PURSUANT TO ARS § 15-534, ANY PERSON WHO MAKES A FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY APPLICATION FOR CERTIFICATION IS GUILTY OF A MISDEMEANOR OFFENSE. I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION.

Applicant's Signature

Date